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TECHNOLOGY CENTER R3700

PATENT

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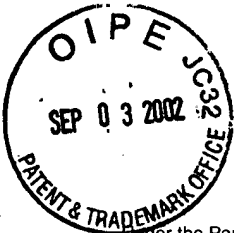
In re application of:) Examiner: Ahmed M. Farah
)
MICHAEL J. O'CONNOR, ET AL.) Group Art Unit 3739
)
Serial No. 09/813,119) Docket No. MICRU 56212
)
Filed: March 19, 2001)
) Los Angeles, California 90045
For: VARIABLE STIFFNESS)
HEATING CATHETER) Date: August 26, 2002

REPLY TO OFFICE ACTION

BOX NON-FEE AMENDMENT
Commissioner for Patents
Washington, D.C. 20231

Sir:

This is in reply to the Office Action dated May 24, 2002, setting a shortened statutory period for a response of three months. Favorable reconsideration of the application is respectfully requested in view of the following remarks.



GP 3739

PTO/SB/21 (08-00)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/813,119
	Filing Date	03/19/2001
	First Named Inventor	Michael J. O'Connor
	Group Art Unit	3739 TECHNOLOGY CENTER R370
	Examiner Name	Ahmed M. Farah
Total Number of Pages in This Submission	Attorney Docket Number	MICRU 56212

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Reply to Office Action
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David G. Parkhurst, Registration No. 29,422 FULWIDER PATTON LEE & UTECHT, LLP
Signature	
Date	08/26/2002

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